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The Offender Personality Disorder Pathway for Women in England and Wales: a hopeful new development?

Short running title: The Women's OPD Pathway

Author names: Rachel Cohen, Julie Trebilcock, Timothy Weaver, Paul Moran

Author affiliations:

Rachel Cohen: Senior Research Associate, Centre for Academic Mental Health, Department of Population Health Sciences, Bristol Medical School, University of Bristol

Julie Trebilcock: Senior Lecturer in Criminology, School of Law, Middlesex University

Tim Weaver: Associate Professor of Mental Health Research, Department of Mental Health, Social Work and Integrative Medicine, School of Health and Education, Middlesex University

Paul Moran: Professor of Psychiatry, Centre for Academic Mental Health, Department of Population Health Sciences, Bristol Medical School, University of Bristol

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As in many countries, women form a tiny minority of offenders in the criminal justice system. In England and Wales, they represent just 5% of the current prison population and 15.5% of the current probation caseload, yet in 2017, their conviction rates were higher than they were for men, a disparity that has remained consistent over the past decade (Ministry of Justice, 2018). Important gender differences exist in terms of offending behaviour and mental health. Female offenders typically receive shorter custodial sentences than male offenders - with an average duration of 10 months. Further, on average, women have lower reoffending rates and shorter offending histories. In prisons in England and Wales, the female offender population is also characterised by very high levels of psychiatric morbidity. Women are overrepresented in nearly all major psychiatric diagnoses (Coid et al., 2002; Light et al., 2013; Singleton et al.,) again comparable to distributions in prisons worldwide (e.g. Fazel & Seewald, 2012), and, compared to male prisoners, over three times as many female prisoners have made suicide attempts or self-harmed (Hawton et al, 2014). Over half of women prisoners are likely to have personality disorder (Department of Health and Ministry of Justice, 2011) with most of these women meeting criteria for borderline or antisocial personality disorder. Substance misuse is highly problematic amongst both male and female offender populations (Kreis, Gillings, Svanberg, & Schwannauer, 2016) and in women often forms part of a 'vicious, dynamic, and interconnected cycle' of dysfunctional relationships, substance misuse (Coid et al., 2002; Laishes, 2002; Singleton et al., 1998) and drug-related offending. Women are therefore among the most vulnerable individuals within the criminal justice system.

The vulnerability of female offenders can often be traced back to childhood, with over half having been in care and at least a third having experienced some form of sexual abuse (Prison Reform Trust, 2015). All these factors have potentially damaging intergenerational consequences. Two thirds of women in prison are mothers of children under the age of 18, and

one third of these have children under the age of five (Liebling, 2013). The incarceration of mothers has a severely detrimental impact upon families and children (Gilham, 2012; Greenberg, 2007; Sharp & Marcus-Mendoza, 2001) with only 5% of children remaining in their own home under such circumstances. (Ministry of Justice, 2017; Prison Reform Trust).

Support for women in the criminal justice system

A modest body of evidence supports the use of psychological treatment to improve the mental health of women offenders, particularly with regards to the treatment of post-traumatic stress disorder and depression (Bartlett et al., 2015). However, criminal justice provision has often failed to be gender-responsive and to respond adequately to the trauma that frequently plays a part in women's offending and substance use (Petrillo, 2016). Moreover, research in this area remains in its infancy and until recently, treatment pathways designed specifically for women offenders have been absent or under-developed.

In 2011, Her Majesty's Prison and Probation Service (HMPPS) and the National Health Service in England (NHSE) jointly allocated funding to support a new Offender Personality Disorder (OPD) pathway. Delivering a new strategy for providing psychologically-informed services for high risk offenders with personality disorder, the pathway represents one of the most significant developments in mental health and criminal justice in recent years (Campbell, 2018). Offenders on the pathway have access to a range of treatment and progression services based in prison, in the community and in secure hospital; these include dedicated personality disorder treatment services, Psychologically Informed Planned Environments (PIPEs), approved premises and medium secure units. New government funding has also recently been allocated to the development of additional mentoring and advocacy services as part of the women's pathway, enhancing the scope of support provided. Through the processes of case

formulation (Hart, 2011) and case consultation, individually tailored sentence plans and/or pathway plans are devised for all those on the pathway, in addition to the provision of treatment interventions where appropriate. By bringing these elements together, HMPPS and NHSE aim to provide an integrated and coordinated care pathway for offenders throughout the various stages of their sentence (NOMS and NHS England, 2015).

A pathway for female offenders

In recognition of the gender differences described above, a separate pathway strategy was specifically devised to address the criminogenic and health needs of high-risk female offenders. While some argue that there are several ways in which the women's pathway differs from the men's pathway (Logan, 2017) others are less persuaded (Player, 2016). Minoudis & Kane (2017), however, argue that the '*admirable pragmatism*' of the OPD pathway programme has created new services and treatment options and renews hope of a better future for hundreds of women offenders whose needs have historically been overlooked.

There is currently a paucity of high quality evaluations that use trial methodology to evaluate the efficacy of treatment for women offenders, particularly those with personality disorder, although there is evidence that such evaluations are feasible (e.g. Ford et al., 2013). As Bartlett et al. (2015: 152) have argued, "*heavy investment in a pathway is to be welcomed but needs to be balanced by evaluation of treatment*". Enhancing knowledge about this should therefore be a priority for research. The pathway's female-only services provide a unique opportunity for the collection of relevant and valuable data in this respect. In addition to effects on clinical symptoms such as depression and trauma, we need to know whether treatment improves key domains such as interpersonal functioning and quality of life, and whether it helps to reduce

risk and recidivism. In order to optimise outcomes, we also need to understand the experiences of those receiving and delivering treatment.

The OPD pathway for women has potential to improve the outcomes of female offenders who pose a high risk to the public, but the effectiveness of the programme will require ongoing evaluation to establish whether it offers the best delivery platform for managing this troubled and challenging population. Demonstrating the value of the pathway Programme on the offending, risk, and mental health profile of this population of women will require data harmonisation across services and long periods of follow-up, factors requiring the sustained commitment of services and government. Given the small number of women likely to be involved, it would also be valuable to examine the extent to which it may be possible to develop international collaborations to speed the process of identifying the evidence base for optimal progress.

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